

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211521968

1.) CORPORATION NAME:

Resort Hotel Insurance Services, Inc.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

BROOKS W CHASE

2100 E CARY ST STE 3

RICHMOND, VA 23223

SCC ID NO: **05681804**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 EAST CARY ST
STE 3

CITY/ST/ZIP: RICHMOND, VA 23223-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: BROOKS W CHASE
TITLE: PRESIDENT
ADDRESS: 2100 E CARY ST
STE 3
CITY/ST/ZIP/CO: RICHMOND, VA 23223-

☒

OFFICER

☒

DIRECTOR

NAME: JORGE CABRERA
TITLE: TREASURER
ADDRESS: PO BOX 910
CITY/ST/ZIP/CO: PALM BEACH, FL 33480-

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OFFICER

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DIRECTOR

NAME: DAVID L CHERASHORE
TITLE: DIRECTOR
ADDRESS: 998 W MISSION BAY DRIVE
CITY/ST/ZIP/CO: SAN DIEGO, CA 92109-

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OFFICER

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DIRECTOR

NAME: EDWARD F MAYOTTE
TITLE: DIRECTOR
ADDRESS: ONE SKYTOP
CITY/ST/ZIP/CO: SKYTOP, PA 08357-1099

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OFFICER

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DIRECTOR

NAME: GAIL M WADDELL
TITLE: CHAIRMAN
ADDRESS: PO BOX 1776
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23187-

NAME:	MARK R. GRENOBLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	14635 N. KIERLAND BLVD. SUITE 150		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85254-		
NAME:	SARA A AMMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2100 EAST CARY STREET SUITE 3		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223-		
NAME:	GREGORY R RIEHLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	5700 SADDLEBROOK WAY		
CITY/ST/ZIP/CO:	WESLEY CHAPEL, FL 33543-		
NAME:	DAVID A KEAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2100 EAST CARY STREET SUITE 3		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223-		
NAME:	LORI K WOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2100 EAST CARY STREET SUITE 3		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223-		
NAME:	CHRISTINE P LONGFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2100 EAST CARY STREET SUITE 3		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223-		
NAME:	PAUL M. G. ASTBURY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 OCEAN REEF DRIVE		
CITY/ST/ZIP/CO:	KEY LARGO, FL 33037-		
NAME:	JAMES W BARROW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 CLOISTER PLACE		
CITY/ST/ZIP/CO:	SEA ISLAND, GA 31561-		
NAME:	PENNIE BEACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4800 BASIN HARBOR ROAD		
CITY/ST/ZIP/CO:	VERGENNES, VT 05491-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S LEE BOWDEN DIRECTOR P.O. BOX 873 DORSET, VT 05251-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALLAS C GANT, JR. DIRECTOR 1551 S. VULTURE MINE ROAD WICKENBURG, AZ 85390-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID NICHOLS DIRECTOR 511 EDGEHILL WOOD DRIVE MANAKIN SABOT, VA 23103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W WANNOP DIRECTOR 14 THE GREEN WOODSTOCK, VT 05091-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SARA A AMMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SARA A AMMAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/21/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			